Children's Worlds National Report

South Africa

Shazly Savahl[1], Sabirah Adams[1], Serena Isaacs[1], Gaironeesa Hendricks[1], Arnold Matzdorff[1], Cassandra Wagenaar[1], Lameez Abrahams[1] and Rose September[2]

[1] Department of Psychology, University of the Western Cape
[2] Department of Women, Children and People with Disabilities

Introduction

This report collates the results from the second wave of the Children's Worlds: International Survey on Children's Well-Being (ISCWeb) which was conducted in the Western Cape Province of South Africa in 2014. The report provides a concise descriptive account of the context in which the survey was administered, the sampling strategy and preliminary descriptive results.

This research study was conducted by staff and post-graduate students based at the Department of Psychology (University of the Western Cape), in collaboration with the National Department of Women, Children and People with Disabilities. Funding for the second wave of the study was provided by the National Research Foundation of South Africa.

1.1. Context and Population

External influences

South Africa is a constitutional democracy inhabited by a diversity of ethnic and cultural groups. The majority of the population are of black sub-Saharan African ancestry, and speak a variety of African languages. Reflecting South Africa's diversity, the South African constitution recognizes 11 official languages, two of which are of European origin – English and Afrikaans. Multilingualism is widespread, and English is the dominant language in official and commercial life.

The population of South Africa (SA) is estimated to be at 54 million (Statistics South Africa, 2014), with 51% female (27. 64 million), and 49% male (26.36 million). The country is divided into nine provinces, namely the Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Mpumalanga., Northern Cape, North West, and the Western Cape. The research was conducted in the Western Cape, which is situated at the south-western tip of the country and is the southernmost part of the continent of Africa.

Table 1: Population Estimates

	% of total population	Population Estimate
Eastern Cape	12,6	6 786 900
Free State	5,2	2 786 800
Gauteng	23,9	12 914 800
KwaZulu-Natal	19,8	10 694 400
Limpopo	10,4	5 630 500
Mpumalanga	7,8	4 229 300
Northern Cape	2,2	1 166 700
North West	6,8	3 676 300
Western Cape	11,4	6 116 300
Total	100	54 002 000

Source: Statistics South Africa (StatsSA) (2014a). *Mid-year population estimates 2014. Pretoria.* StatsSA.

The population size of the Western Cape is 6 116 300, with a land surface of 129 307km^2 (Statistics South Africa, 2014a). The Western Cape Province is further divided into one metropolitan area (City

of Cape Town), and five district municipalities: West Coast, Central Karoo, Overberg, Eden, and the Cape Winelands. The City of Cape Town is situated on a peninsula flanked by the Atlantic Ocean to the east and west, with the Table Mountain and Hottentots Holland mountain ranges as aesthetic backdrops. The Cape Town Metropole is a typical urban area with peri-urban areas situated approximately 100 km from the city centre.

South Africa has a child population of 18.6 million, representing 37% of the total population. Forty-five percent are between the ages of 10–17 years, with a gender split of 49% female, and 51% male. National estimates show that 54.6% of the child population live in urban areas, while 45.4% live in rural areas. In the Western Cape however, the majority of children (94.6%) live in urban areas, while a small proportion (5.4%) live in rural areas (Hall, 2014).

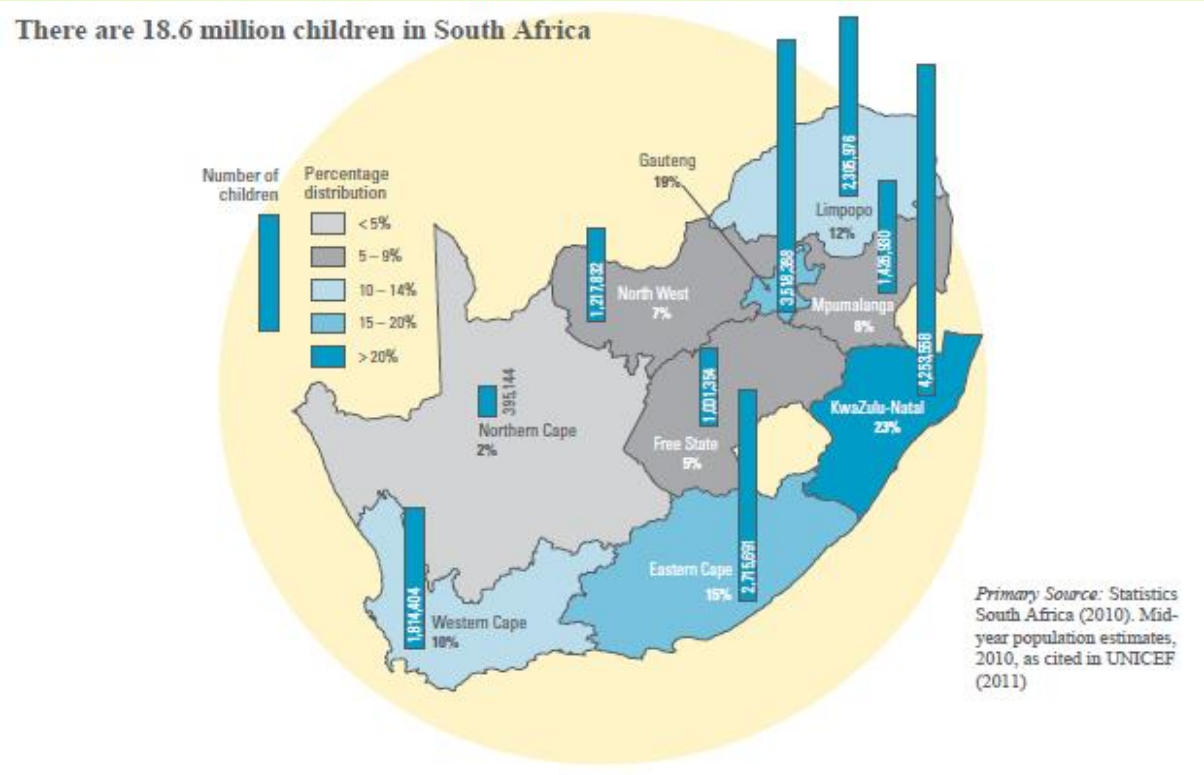


Figure 1: Distribution of children in South Africa

In SA, individuals are classified according to four population groups[3], namely 'Black African', 'Coloured', 'Indian/Asian', and 'White'. During Apartheid, the aforementioned population groups were employed as racial categories to reinforce a segregated society.

Mid-year data from the General Household Survey (Statistics South Africa, 2014a) provides an estimate of the proportion of each population group in the country. The largest percentage of South Africans is classified as 'Black African' (80.3%), followed by 'Coloured' (8.7%), 'White' (8.4%), and Indian/Asian (2.6%).

[3] In the Apartheid Era under the Population Registration Act No. 30 of 1950, four main racial categories were delineated: 'White' referred to those of European descent; 'Black' referred to black native Africans; 'Coloured' referred to people of mixed race; and 'Indian/Asian' referred to those of Asian descent.

As depicted by Figure 2, Black Africans constitute the largest proportion (85%) of South African children, with Coloureds, Whites, and Indians/Asians following in decreasing order of magnitude.

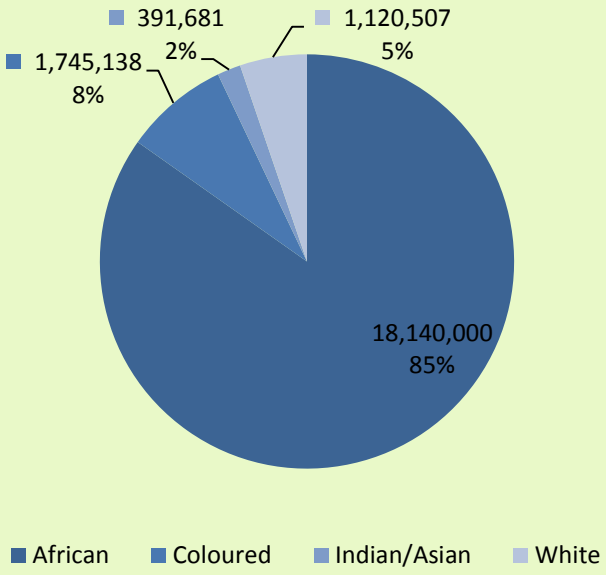


Figure 2: Proportion of South African Children in each Population Group

The Gross Domestic Product (GDP) per capita of SA in 2014 was 350.63 billion US Dollars. South Africa's GDP value comprises 0.57% of the world economy. The GDP achieved the highest value in 2011 with 403.89 billion US Dollars. South Africa was not exempt from the global economic crisis which negatively impacted economic growth over the preceding four years (World Bank, n.d.a).

Despite being one of the economic leaders of the African continent, inequality and poverty remain high, as reflected in South Africa's human development index (HDI) of 0.658 (118 out of 187 countries worldwide) (United Nations Development Programme, 2014). Due to the diverse nature of South Africa's population, the external influences operant upon children depend to a large extent upon their ethnicity and socio-economic status (SES).

Government efforts to reduce inequality have been largely unsuccessful (Alessi, 2013), and the discrepancy of wealth between rich and poor remains amongst the highest in the world (as reflected by South Africa's high Gini Index) (The World Bank, n.d.b). Reflecting the vastly disparate income levels within South Africa, 68% of all household income is accounted for by the wealthiest 20% of the population, while the poorest 40% of the population accounts for no more than 8% of household income (UNICEF, 2014). Although this inequality affects all levels of society, it is often children who bear the greatest burden, due to their vulnerability and dependence on adults for the basic tenets of their well-being (Hall, Woolard, Lake, & Smith, 2012).

Much of the cause of the severe inequality experienced by South Africans today can be traced back to the Apartheid government's policies of institutionalised racism, systematic oppression and domination of one group over another. These policies resulted in a significant proportion of the population being disenfranchised, denied access to resources, land, education opportunities and basic human rights, while promoting the affluence and privilege of a favoured minority. The net

result was a stark contrast between wealthy and poor communities in South Africa, which pervades South African society to this day.

In terms of children's well-being specifically, SA has extremely high rates of child poverty. In 2012, 56% of children lived below the poverty line (representing an income not exceeding R635 per person per month) (Statistics South Africa, 2014b). Although it has been shown that income poverty rates have steadily decreased since 2003 in all provinces except the Northern Cape (Statistics South Africa, 2014b), predominantly as a result of the Child Support Grant, a large majority of children still live in dire conditions and struggle to gain access to quality healthcare and basic services (Mathews, Jamieson, Lake, & Smith, 2014). Within the Western Cape, 31% of children (n = 578 000) were categorised as falling within the income poverty bracket.

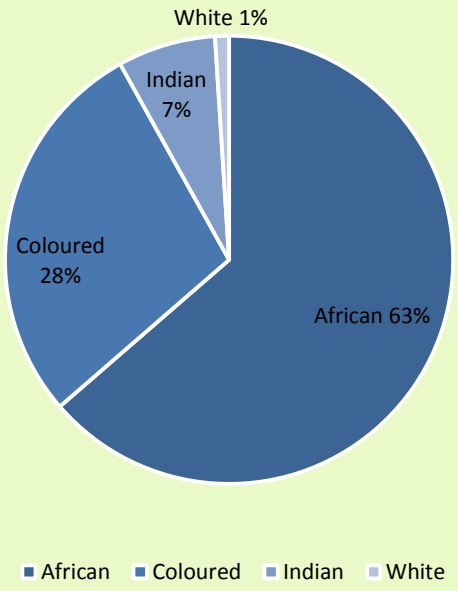


Figure 3: Proportion of Children Living in Poverty in 2012

Figure 3 displays the proportion of children of the various ethnic groups of South Africa living in poverty. In 2012, the majority of children living below the poverty line were African (64%), followed by Coloured (28%), Indian (7%), and White (1%).

Within the context of social inequality and poverty, upholding children's rights to acceptable standards of health is a pressing concern. Across population groups, the under-5 mortality rate is 41 per 1000, with an infant mortality rate of 27 per 1000 live births (Bradshaw, Dorrington, & Laubscher, 2014). In comparison, the Eastern and Southern African region infant mortality rate is 55 per 1000 live births, while the global infant mortality rate is 37 per 1000 live births (United Nations Children's Fund [UNICEF], 2013a).

An important factor when considering children's subjective well-being in South Africa is the diversity of the childhood experience. This diversity is rooted in South Africa's socio-political history, which has resulted in high levels of social inequality and disparate SES groups. An exploration of the impact of SES and social inequality on well-being in South Africa is incomplete without reference to the

oppressive backdrop of apartheid. Based on a philosophy of segregation and exclusion, the apartheid legislative framework characterised the socio-political landscape of South Africa for nearly five decades. Characterised by institutionalised racism, systematic oppression and domination of one group over another, apartheid resulted in a significant proportion of the population being disenfranchised, denied access to resources, land, education opportunities and basic human rights. One of the most devastating legacies of apartheid is the extreme levels of social inequality experienced by various cohorts of the population, manifesting in the polarisation of communities into privileged, or high SES, and disadvantaged, or low SES. Although this inequality is experienced by the majority of the population, the burdens of these "multiple overlapping layers of inequality" are often endured by children, who require care and supervision from adults for both safety and other basic tenets of their well-being (Hall, Woolard, Lake, & Smith, 2012, p. 24).

Crime is a threat to children throughout South Africa, however, lower SES communities are at significantly higher risk of having their children victimised by crime. Research seems to indicate that children are aware of their vulnerable status, and that they feel distrust for adults in general, who they regard as possessing little respect for their rights as children. As a result of apartheid, these lower SES communities tend to be populated by black or coloured South Africans, with middle and high SES communities typically consisting of a disproportionately large number of white South Africans (English and Afrikaans).

More generally speaking, violence is particularly pervasive in South Africa. Research shows that SA has among the highest prevalence of violence and violence-related injury in the world (Norma et al. 2010). While violence transcends boundaries of class and socio-economic status, impoverished communities display higher levels of various forms of violence. Investigations into child violence have proliferated owing to the growing importance assigned to children's rights in the Constitution, the African Charter on the Rights and Welfare of the Child, and the UNCRC.

Of the various forms of violence which children face, bullying, along with sexual violence and corporal punishment, has become a common occurrence within the school setting (Matthews & Benvenuti, 2014). A national survey on school violence in South Africa found that 13% of secondary school learners reported some type of bullying within school (Burton & Leoschut, 2012). Additionally, while the literature on cyber-bullying in South Africa is limited, statistics have shown that 20.9% of learners have experienced some type of online violence or bullying.

Several studies have shown how the mobility of children has shrunk over the past few decades owing to countless concerns relating to their welfare and safety. Concern around children's safety in their immediate and neighbourhood environments influence their lives in a significant way, particularly in low SES neighbourhoods which are characterised by high levels of violence, crime, and unemployment. The lack of safe spaces for children in many contexts in South Africa is a key factor contributing to the developing trend of children remaining indoors, along with the growing use of information communication technology among children.

Another external influence on the lives of children in South Africa (and, indeed, upon the lives of all South Africans) is that of unemployment. Unemployment rates are high, with the official expanded unemployment rate (defined as the number of people who desire work, but are unemployed) at 34.6% in the last quarter of 2014, and the unemployment rate for the age group 15 – 24 years at 63.6% for the same period (StatsSA, 2015). Although the government is undertaking efforts to

alleviate the deleterious effects of unemployment and the concordant social ills of poverty and inequality through a variety of grant initiatives and employment-building strategies, a huge number of children grow up without many of the necessities required for optimal development (e.g. easy access to basic education, health care, and nutrition), and without a means to improve their financial situation. An example of a particularly prominent government initiative concerning children is the Child Support grant, which, since its inception in 1998, has been extended to include all poor children under the age of 18 years. Encouragingly, this grant now reaches over 11 million children countrywide.

Reflecting South Africa's high rates of inequality, the living conditions of children in low SES areas differ markedly from those in middle and upper SES areas. Most conspicuous of such differences is that of the higher population density in low SES areas, both in terms of people per household and per square kilometre. People in such areas frequently live in densely packed apartment blocks, or in large and overpopulated "informal settlements" consisting mostly of low-cost dwellings of corrugated iron and other cheap or freely available materials. In comparison, higher SES communities are characterised by houses on relatively expansive properties, and more spacious and well-furnished apartments. This greater concentration of people in one household in low SES communities is due in large part to poverty (i.e. more people are required in order for the household's pooled resources to be sufficient for everyday necessities), but also has other causes. One such related cause is that of the large number of "broken" homes in South Africa – that is, homes in which one (or both) of a child's biological parents are absent. In such situations, the child's remaining caregiver (typically the mother, especially in black African families, where the incidence of absent fathers is particularly high) may look to relatives for assistance, and may move in with them, thus increasing the number of adults per household. Conversely, financial hardship experienced by grandparents (and others) may also cause them to seek cohabitation with their children or other close relatives.

In terms of the provision of municipal services, middle and high SES areas are typically well catered for (with the exception of electricity shortages, which are expected to affect the entire country for the near future), while low SES areas often suffer from a lack of basic services, such as clean drinking water, tarred roads, and other basic necessities.

Perhaps surprisingly (given South Africa's relatively large GDP), child hunger and malnutrition are also serious concerns in the country. Almost a third of South African children under three years of age are stunted as a result of chronic malnutrition, and about a quarter of children of all ages are underdeveloped (Shisana, 2013).

In SA, nutritional deprivation, illness and human immunodeficiency virus (HIV) are major causes of childhood illnesses. According to UNICEF (2013b), one in four children in SA is underdeveloped, and many are deficient in vitamins and minerals which are essential for good health and optimal development. More specifically, 27% of South African children under the age of three are stunted due to chronic nutritional deprivation (Shisana et al., 2013). Regarding child infections, the incidence of morbidity caused by pneumonia is 84 deaths per 1,000 children, while diarrhoea with dehydration in children accounts for 15.2 deaths per 1,000 children under the age of 5 in SA (Department of Health, 2012).

SA has an exceptionally high HIV and AIDS prevalence rate. Between the ages of 0 – 14 years, 2.4 % of children (representing 8, 039 cases) are diagnosed with HIV/AIDS (Shisana, 2014). In the Western

Cape Province, 0.7% of children were diagnosed with HIV in 2012 (Shisana, 2014). Most children in SA acquire HIV from their mothers during pregnancy, birth, or through breastfeeding. Furthermore, Shisana et al. (2014) found that rural informal areas have a significantly higher HIV prevalence in comparison to urban formal areas.

While the cultural and social norms which act upon white English South African children bear a strong resemblance to that of the developed Western world (e.g. a Judeo-Christian morality combined with a relatively scientific worldview), South Africa's other population groups show an increasing divergence from such influences. White Afrikaaners have developed a distinct identity and language, which, though descended from European settlers, is now substantially different. Coloured South Africans are of mixed ancestry, and have similarly developed a unique cultural identity. Christianity and Islam are the predominant religions among the coloured population. Black South Africans subscribe to both Christianity and Islam, but traditional beliefs are also maintained, in many cases in conjunction with Christian or Islamic beliefs.

The phenomenon of migrant labour must also be mentioned, due to its impact upon South African children. Migrant labour was especially prevalent in South Africa during apartheid, where African mine labourers travelled great distances from their reserves (areas where they were allowed to live permanently), in order to spend extended periods of time working on mines. This resulted in an absence of men from their homes, placing significant burdens on the remaining family members. The net result of this system was a weakening of the family structure in many black African communities. Despite the harmful effects of migrant labour, it continues to be used (albeit in diminished quantity) to this day (Clark, Collinson, Kahn, Drullinger, & Tollman, 2007).

Family and Child Policies

The children of South Africa have a long history of exposure to political violence, oppression, and abuse. Following the advent of democracy in 1994, the government made a series of legal commitments to redress the atrocities that children experienced in the past and to make South Africa a better place for all children. The late President Mandela made the first of these commitments, when he pledged that the needs and well-being of children would be prioritised. This was followed by a commitment to the implementation of the goals of the World Summit for children. On the 16th of June 1995, a significant landmark was reached for children's rights in South Africa, when the president ratified the United Nations Convention on the Rights of the Child (UNCRC). This, along with the Section 28 of the Bill of Rights of South Africa's Constitution, placed the needs of children as paramount within all development strategies of the government.

The National Programme of Action for Children (NPAC), co-ordinated by the Office on the Rights of the Child (ORC), was put in place to carry out the above commitments. According to the ORC, the National Programme of Action for Children "provides a holistic framework in which all government departments put children's issues on their agendas. It provides a vehicle for co-ordinated action between NGOs, government and child related structures" (Department of Women, Children and People with Disabilities, (DWCPD), 2012, p. 21). The ratification and legislative advancement of child specific instruments culminated in the development of the Children's Act (No. 38 of 2005), the associated Children's Amendment Act (No. 41 of 2007), as well as the Child Justice Act (2008). Acceding to these legal contracts has entrenched the rights and needs of children in the development strategies of the government as well as guaranteeing children's socio-economic rights

and protection from abuse, exploitation, and neglect. With children themselves now being elevated to the legal status of rights holders, and with the government ultimately accountable as the principal duty bearer, children's well-being is now afforded the highest priority within government.

This prioritisation of child rights and well-being has culminated in an increase in the provision of child services throughout South Africa. However, stark differences still exist between children from different SES groups. Notable among these differences is the higher exposure to violence and domestic abuse suffered by low SES children, as well as poorer educational outcomes and access to health care and a wide variety of other services. As such, in spite of the commendable legislative advancements made since the fall of apartheid, further advances in policy are required in order to combat inequality and help alleviate the burden of poverty falling on South African children.

Education System

Primary school (grade 1 – 7) typically starts at seven years of age. Although daily school hours vary, most primary schools begin the day around 8:00, and end between 13:00 and 14:00. The high school (consisting of grades 8 – 12) day typically lasts from 8:00 to around 15:00. (These hours often vary from day-to-day, with Fridays being somewhat shorter). Primary and high schools are usually separate institutions. A pre-school grade, known as "grade R" is offered by many schools, but is not compulsory. Although official statistics indicate that South Africa possesses a high school enrolment rate, such success is mitigated by high failure rates and a frequent lack of educational material. Encroachment of gangs into school grounds (which can be seen as useful recruiting centres for gang members), bullying, and abuse by teachers, are also causes of concern. Nonetheless, preliminary research into children's perceptions of their schools seems to indicate that schools are regarded favourably by most South African children.

Education has become a national priority and prominent feature on the children's rights agenda in South Africa (UNICEF, 2013b). Education constitutes more than 21% of government's total allocated expenditure and accounts for 6% of Gross Domestic Product (UNICEF, 2013b). Many schools in South Africa receive funding from the government for maintaining administrative costs, salaries, books and educational materials, extra-mural activities, and feeding schemes. Schools also supplement their government funding with other streams of income, such as fundraising events, and receiving donations (DoBE, 2012). In an effort to alleviate the financial burden experienced by families, the Department of Basic Education (DoBE) has adopted a non-school fee exemption policy for poorer learners (DoBE, 2012).

The basic education system comprised 12 644 208 learners, 30 586 schools and 439 394 teachers in 2010 (DoBE, 2012). As a result of the adoption of a no-school fee exemption policy by the government, families who cannot afford school fees are able to enrol their children in the education system at no charge. Financial impediments to attendance are therefore less debilitating than in the past (although they remain a significant obstacle for many families), but other factors hampering attendance include lengthy travel times to school (Rogan, 2006), gangsterism and violence within schools, drug abuse, and insufficient educational resources available for children, which can result in a loss of faith in the education system and truancy.

The majority of South African children enrolled are at primary school level (DoBE, 2012). Table 2 indicates that enrolment rates for primary school learners increased from 96% in 2002 to 98% in 2010 (DoBE, 2011).

Table 2: Enrolment rates in 2002 and 2010 for primary school learners

	2002	2010
Grade 1-7 (Enrolment)	96%	98%
School attendance: Compulsory school going age (7-15 years)	73%	94%

Source: Department of Basic Education (2011). *Macro Indicator Trends in Schooling: Summary Report 2011*. Pretoria: DoBE.

In the Western Cape in 2012, the school system was constituted by 1 038 019 learners, and 36 389 educators, yielding a learner to educator ratio (LER) of 28.5 (slightly below the national average of 29.2) (DoBE, 2014). Furthermore, the Western Cape possesses a gender parity index (GPI) of 1.05, indicating a slight preponderance of females in the education system, in proportion to the school age population (DoBE, 2014).

Family Environment

The basic family structure of South Africa's population varies depending on a variety of factors, the most conspicuous being geography (urban vs rural), and ethnicity. South Africa's rural population is predominantly black African, and tends to exhibit a greater degree of adherence to traditional cultural norms. One such norm is that of more communal living arrangements, in which many members of the extended family may cohabit with a set of children and parents. This broader communality is succinctly expressed by the Zulu word, ubuntu, and can be found in the difference between traditional Western and black African child-rearing practices and conceptions of family. For example, the notion of a child's biological parents being the sole duty bearers in a child's upbringing contrasts strongly with many black South African traditional beliefs, in which a wide network of community members, including an extended family structure, is involved in caring for the child (Madhavan & Gross, 2013). This arrangement stands in contrast to the Western ideal of the nuclear family as the basic unit of society. Nonetheless, the nuclear family is commonly found in urban areas (more so among white and coloured Africans, but to an increasing extent among black Africans as well), although the dynamic and diverse nature of South Africa's population make generalisations based upon ideas of a “normal” family problematic.

Underscoring the variability evidenced by South African families, the number of children reared by families depends upon numerous factors. Most conspicuous of these factors (as is frequently the case) are SES and ethnicity, with black African, coloured, and lower SES families typically being comprised of more children than more affluent or white South African families.

Divorce rates in South Africa vary considerably between ethnic and SES groups. However, South Africa has seen increasing divorce rates over the preceding decades (which have stabilised over the past ten years), in spite of a noticeable incidence of conservative cultural norms (found particularly in Afrikaans and black African ethnic groups) which frequently oppose divorce. Divorce rates are highest among white South Africans (proportionate to the white population), although the total number of divorces is highest among black Africans.

Across most households, women tend to be responsible for domestic tasks, while men are the primary breadwinners. Although this gendered role division has been changing recently, patriarchal power relations are still evident in South African families. Worryingly, absenteeism of black fathers is particularly high in South Africa.

Lastly, one of the aspects of the social decay caused by apartheid was a weakening of the family structure within oppressed communities. Apartheid placed an enormous burden upon the oppressed (e.g. through forced removals, migrant labour, violent suppression of dissent, indoctrination, selective dispersion of resources, and general invalidation of tradition beliefs and cultural practices), which in many cases had deleterious effects upon family structures. The high incidence of domestic violence in South Africa is one example of this legacy. Within the oppressed sectors of society, the sociological principle of anomie can perhaps best describe the general effects of this social decay.

Everyday Life

Difficulties in delineating boundaries between lower and middle class population groups make it problematic to paint a picture of what a typical day in the life of a “normal” South African child might be. This problem is further compounded by South Africa's ethnic diversity. These difficulties notwithstanding, certain commonalities may be discerned in the everyday lives of South African children.

Access to TV is fairly ubiquitous, even among lower SES children. Access to computers and internet, however, is uncommon among low SES children, but is the norm for middle and upper SES groups. Concordantly, use of social media such as facebook or twitter is low in low SES groups, but widespread among middle and upper SES children.

Cultural norms around dining vary, but it is common for children from all SES groups to have at least one meal per day with their guardians. Research concerning the frequency with which children converse or spend “quality time” with parents or guardians is lacking, though the high incidence of abuse and “broken” homes suggests a lack of such activities.

Most schools offer a variety of extra-curricular activities, including sports. Soccer is particularly popular among children and adults alike, while rugby and cricket are also frequently practised (though rugby and cricket tend to be associated with middle and upper SES groups). School-based extra-curricular activities are typically free of charge, and as such are accessible to all children, although certain activities may involve additional fees (most typically in middle and upper SES schools).

A notable difference between the lives of low vs middle and upper SES children is that of the degree of structure in their everyday lives. While the everyday lives of middle and upper SES groups are conspicuously marked by routine (e.g. morning breakfast with family, school, sports, homework, supper with family, etc.), low SES children frequently lack this stabilising influence. The sight of school-age children begging or walking the streets during school hours is not uncommon in South Africa.

Children's Rights

The children of South Africa have a long history of exposure to political violence, oppression, abuse, and affliction. Following the advent of democracy in 1994, the government made a series of legal commitments to redress the atrocities that children experienced in the past and to make South Africa a better place for all children. The late President Nelson Mandela made the first of these commitments, when he pledged that the needs and well-being of children would be prioritised. This was followed by a commitment to the implementation of the goals of the World Summit for children. On the 16th of June 1995, a significant landmark was reached for children's rights in South Africa, when the president ratified the United Nations Convention on the Rights of the Child (UNCRC). This, along with Section 28 of the Bill of Rights of South Africa's Constitution, placed the needs of children as paramount within all development strategies of the government.

The National Programme of Action for Children (NPAC), co-ordinated by the Office on the Rights of the Child (ORC), was put in place to carry out the above commitments. According to the ORC, the National Programme of Action for Children "provides a holistic framework in which all government departments put children's issues on their agendas. It provides a vehicle for co-ordinated action between NGOs, government and child related structures" (Department of Women, Children and People with Disabilities, (DWCPD), 2012, p. 21). The ratification and legislative advancement of child specific instruments culminated in the development of the Children's Act (No. 38 of 2005), the associated Children's Amendment Act (No. 41 of 2007) and the Child Justice Act (2008). Acceding to these legal contracts has entrenched the rights and needs of children in the development strategies of the government as well as guaranteeing children's socio-economic rights and protection from abuse, exploitation, and neglect. With children now being elevated to the legal status of rights holders, and with the government ultimately accountable as the principal duty bearer, children's well-being is now afforded the highest priority within government.

1.2. Sampling: Strategy and Outcome

The population for the study included children attending primary schools within the eight Education Management District Councils (EMDC) of the Western Cape Education Department (WCED). There are four urban districts: Metro North, Metro South, Metro East and Metro Central; and four rural districts: West Coast, Cape Winelands, Eden and Karoo, and Overberg. Using random proportion sampling, schools were selected based on their status within the eight EMDC's, their geographical location and socio-economic status. Private schools and schools which are inaccessible (no roads leading to schools or farm schools with very small class sizes) were excluded. The sampling protocol used a 95% confidence level and allowed for a 3% margin of error. A total of 646 primary schools were included in the sampling frame. The final sample consisted of 29 schools as presented in Table 3.

Table 3: Proportion of Sample

	Low-Income	Middle-Income
Urban	45%	24%
Rural	21%	10%

Two classes in each school were randomly selected to participate in the study. The children had the option to complete the questionnaire in either of the three language groups typical of the provincial region – English, Afrikaans and isiXhosa. The final achieved and weighted samples are presented in Table 4.

Table 4: Achieved and Weighted Sample

	8-year old	10-years old	12-year old
Achieved Sample	1032	1109	1143
Weighted Sample	996	1061	1131

2. Results

2.1. The participants

The gender and age distribution of the sample is presented in Table 5.

Table 5: Gender by age of participants

		N	%
8 years	Boy	513	51.5
	Girl	483	48.5
	Total	996	100
10 years	Boy	505	47.6
	Girl	556	52.4
	Total	1061	100
12 years	Boy	519	45.8
	Girl	612	54.2
	Total	1131	100

The participants were selected from both urban (69 %) and rural (31 %) communities (Figure 4).

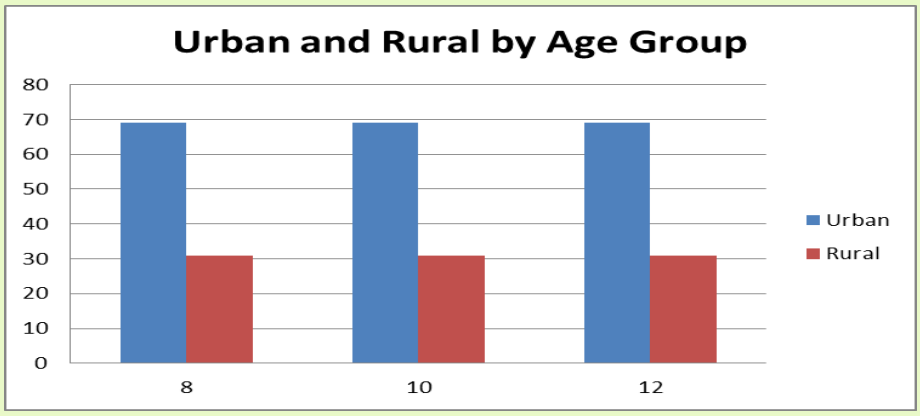


Figure 4: Urban or rural distribution by age (%)

English was the preferred language for all groups, representing more than 60% of children in each age group.

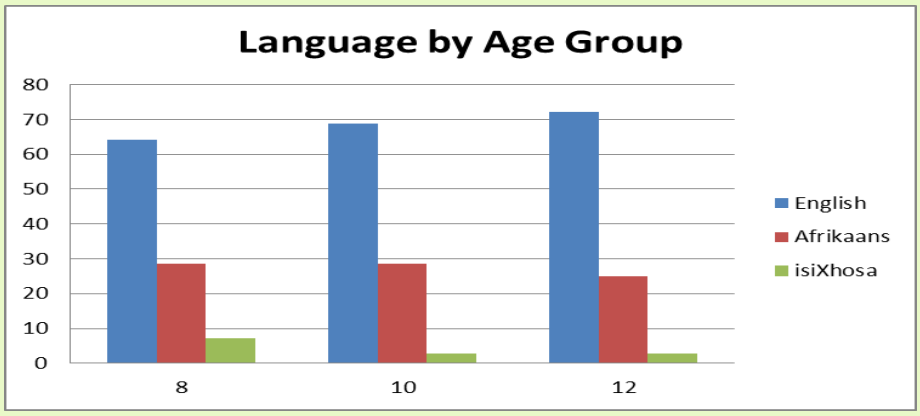


Figure 5: Language distribution (%)

For all the age groups more than 99% of children were born in SA.

Table 6: Whether born in this country

		%
8 years	No	0.9
	Yes	99.1
10 years	No	0.3
	Yes	99.7
12 years	No	0.6
	Yes	99.4

* All participants reside in the Western Cape

2.2. Your home and the people you live with

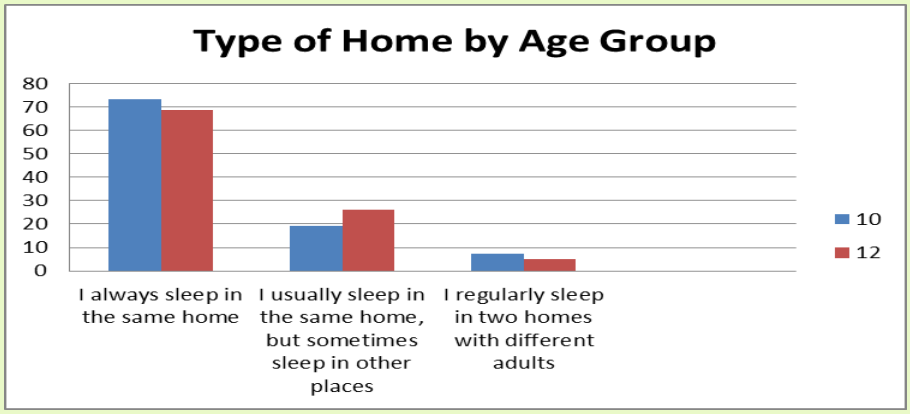


Figure 6: Type of home (%)

The participants were asked three questions about their place of residence. Figure 6 above shows that the majority of 10 and 12-year olds (73.4 %; 68.8 %) always live in the same home.

Three questions were asked about whom children live with. Nearly all participants indicated that they lived with their family (10-year old = 97.3 %; 12-year old = 98.5 %), with a small percentage of children living in a foster home, and fewer in a children's home (Table 7).

Table 7: The home children live in most of the time (%)

	10	12
I live with my family	97.3	98.5
I live in a foster home	2.3	1.4
I live in a children's home	.4	.1

The participants were asked five questions about their family and home life (Table 8). The mean scores indicate that the majority of participants scored relatively high on all the items. The lowest mean scores across all age groups was for the second item indicating whether *they have a quiet place to study at home* (Table 8).

Table 8: Family/Home life

	8			10			12		
	N	Mean	sd	N	Mean	sd	N	Mean	sd
I feel safe at home	992	3.33	1.22	1061	3.29	1.10	1127	3.39	1.00
I have a quiet place to study at home	994	2.98	1.44	1061	2.63	1.43	1125	2.69	1.34
My parents/carers listen to me and take what I say into account	994	3.06	1.25	1060	3.00	1.20	1120	2.86	1.21
We have a good time together in my family	994	3.56	0.90	1061	3.31	1.04	1128	3.29	1.01
My parents/carers treat me fairly	990	3.11	1.33	1059	2.84	1.38	1116	3.06	1.30

*Each item was scored on a five-point scale ranging from 0-4, with 0 indicating "I do not agree" and 4 indicating "Totally agree". Mean scores closer to 4 show high agreement with the item.

Children were asked two questions about whether they are satisfied with their family or home life. The mean scores show that the children in all age groups were very satisfied with the people who live with them and other people in their family.

Table 9: Satisfaction with family/home life

	8			10			12		
	N	Mean	Sd	N	Mean	sd	N	Mean	sd
The people you live with	996	3.43	1.02	1061	8.57	2.40	1131	8.68	2.24
All the other people in your family	996	3.46	0.93	1061	8.85	2.19	1131	8.44	2.59

* For the 8-year olds each item was scored on a five-point emoticon scale ranging from 0-4. The 10 and 12-year olds were scored on a 10-point scale with mean scores closer to 10 showing total satisfaction with the item.

Participants were asked how often they talk with their family. It was found that the majority of the participants talked with their family every day, with a small proportion reporting that they did not talk with their family at all (Figure 7).

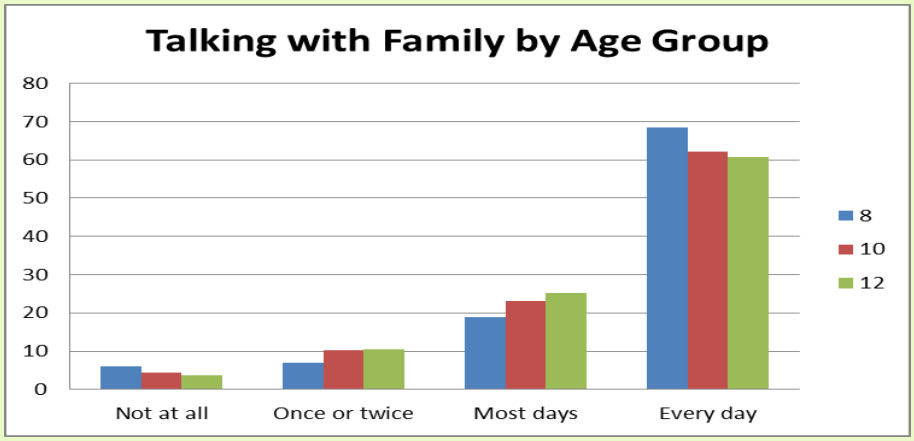


Figure 7: Talking with family by age group (%)

Figure 8 summarises how frequently children reported having fun with their family. The results show that as children get older, the frequency of having fun with family decreases. Children were asked how often they learn with their family. Figure 9 indicates that the older age groups spend less time learning with their family.

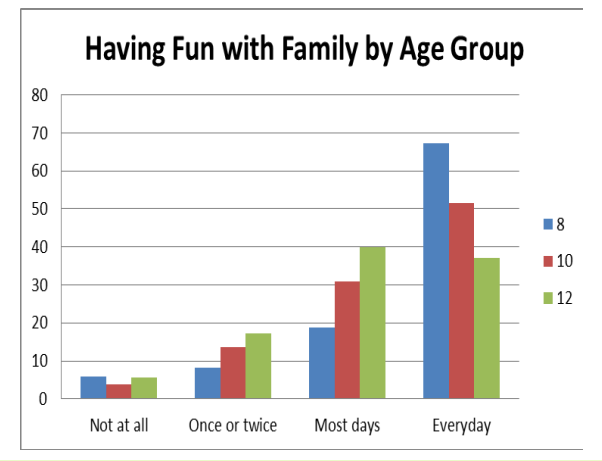


Figure 8: Having fun with family (%)

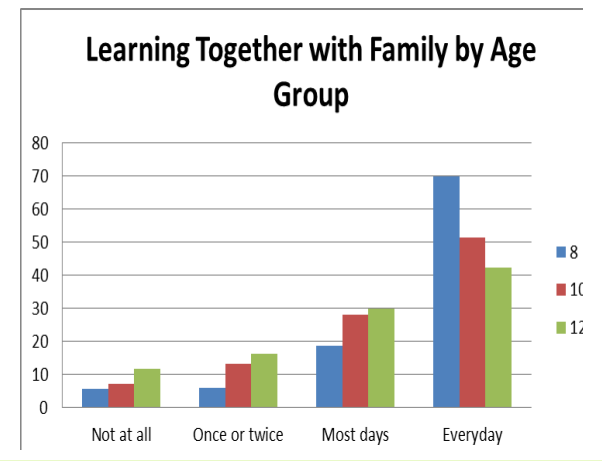


Figure 9: Learning together with family (%)

2.3. Money and things you have

The 12 year old participants were asked about the pocket money that they received. Figure 10 shows that a small percentage of participants indicated that they do not receive pocket money at all (10.9%). For those children who receive pocket money, there was a fairly even distribution of responses, with most of the children indicating that they get pocket money every week (31.8%).

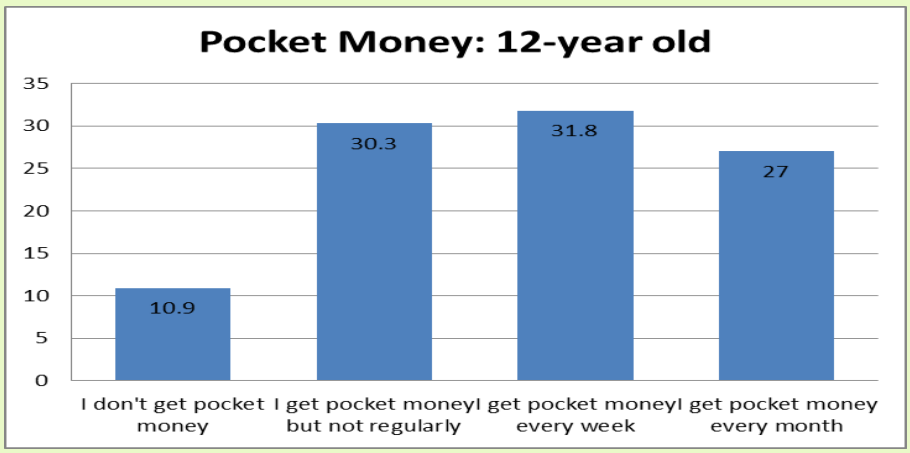


Figure 10: How often do you get pocket money (12 year olds) (%)

The children in all age groups were asked about the things they have. Most indicated that they have all items. However, there was a fairly large proportion that did not have a family car.

Table 10: Things you have (%)

		8	10	12
Clothes in a good condition to go to school in	No	1.4	2.7	3.8
	Yes	98.6	97.3	96.2
A computer	No	33.4	36.6	39.0
	Yes	66.6	63.4	61.0
Internet	No	42.3	43.5	36.2
	Yes	57.7	56.5	63.8
Mobile phone	No	-	30.9	24.1
	Yes	-	69.1	75.9
Own room	No	-	41.8	42.8
	Yes	-	58.2	57.2
Books to read for fun	No	-	17.6	18.7
	Yes	-	82.4	81.3
Family car for transportation	No	22.3	25.6	31.2
	Yes	77.7	74.4	68.8
Own stuff to listen to music	No	-	31.3	26.6
	Yes	-	68.7	73.4
Television	No	4.6	4.3	4.0
	Yes	95.4	95.7	96.0

When asked how often they worry about money there was a great variation in the children's responses. There was a high percentage of children who *always* worried about money, with almost 50% of the 12-year old children indicating that they worry *sometimes* or *often* about how much money their family has.

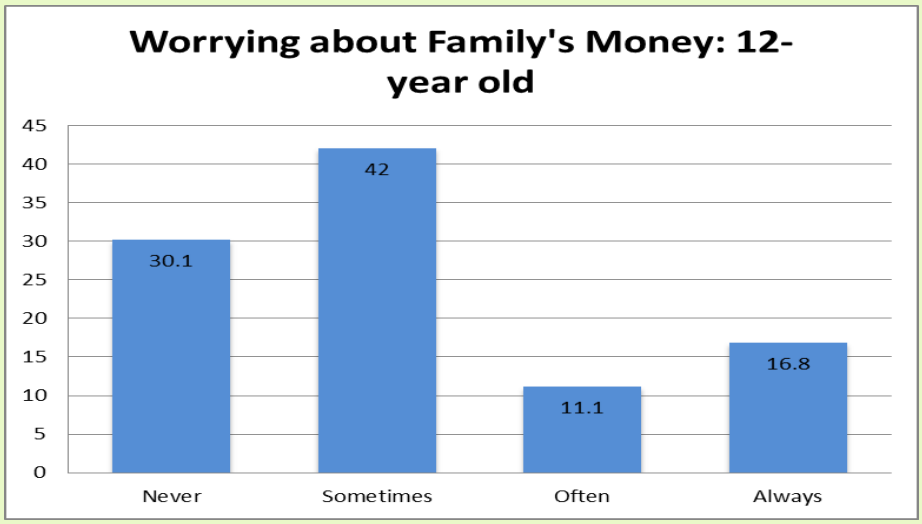


Figure 11: How often do you worry about how much money your family has? (%)

The children were asked how many adults they live with have a paid job. The majority of children indicated that at least two adults who they live with have a job.

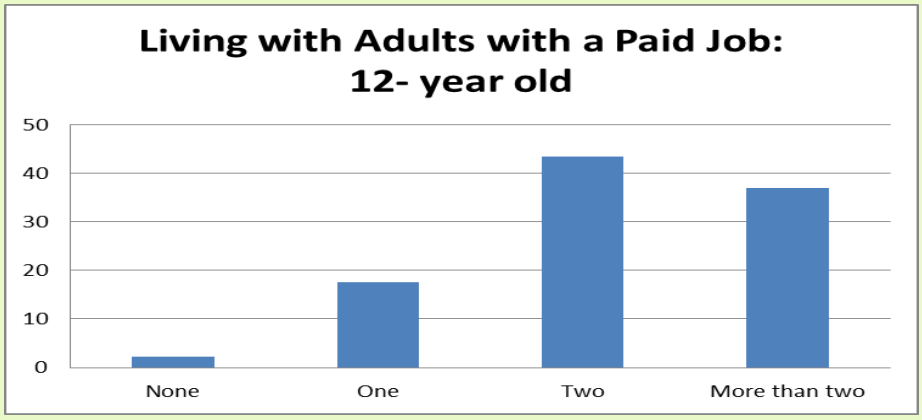


Figure 12: How many adults that you live with have a paid job? (12 year-old)

2.4. Your friends and other people

The participants were asked how satisfied they are with their friends. While most children across the three age groups felt that their friends are usually nice to them, some felt that they don't have enough friends (Table 11). Most children across all three age groups also felt satisfied with people in their area (Table 12).

Table 11: Satisfaction with friends

	8			10			12		
	N	Mean	sd	N	Mean	sd	N	Mean	sd
My friends are usually nice to me	996	3.54	0.90	1061	8.56	2.488	1131	8.16	2.55
I have enough friends	996	3.15	1.26	1061	7.43	3.288	1131	7.02	3.22

* For the 8-year olds each item was scored on a five-point emoticon scale ranging from 0-4. The 10 and 12-year olds were scored on a 10-point scale with scores closer to 10 showing high agreement with the item.

Table 12: Satisfaction with the people in your area

	8			10			12		
	N	Mean	sd	N	Mean	sd	N	Mean	sd
The people in your area	996	3.15	1.27	1061	7.43	3.29	1131	7.02	3.22

*For the 8-year olds each item was scored on a five-point emoticon scale ranging from 0-4. Mean scores closer to 4 show high agreement with the item. The 10 and 12-year olds were scored on a 10-point scale with scores closer to 10 showing high agreement with the item.

The children were asked three questions about their friends. The majority of children in all age groups talk and have fun with their friends every day (Figure 13 and 14). Older children were less likely to study with friends, while 41.40% of 8-year olds and 34.10% of 10-year olds reported that they studied with their friends every day (Figure 15).

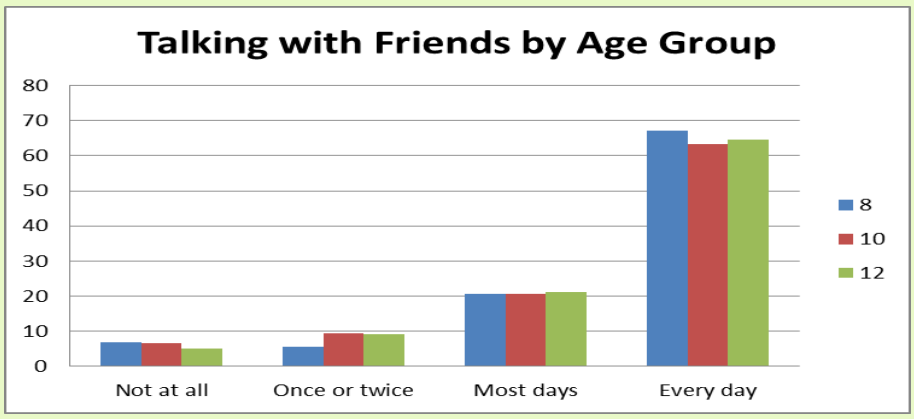


Figure 13: How often do you talk with your friends (%)

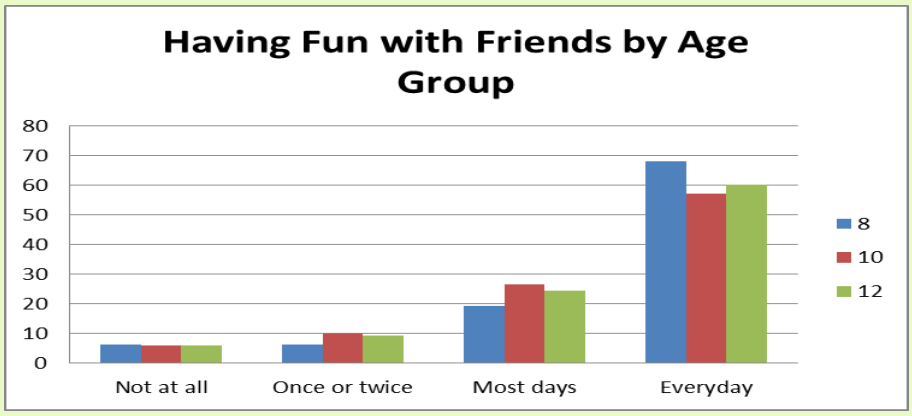


Figure 14: How often do friends have fun together? (%)

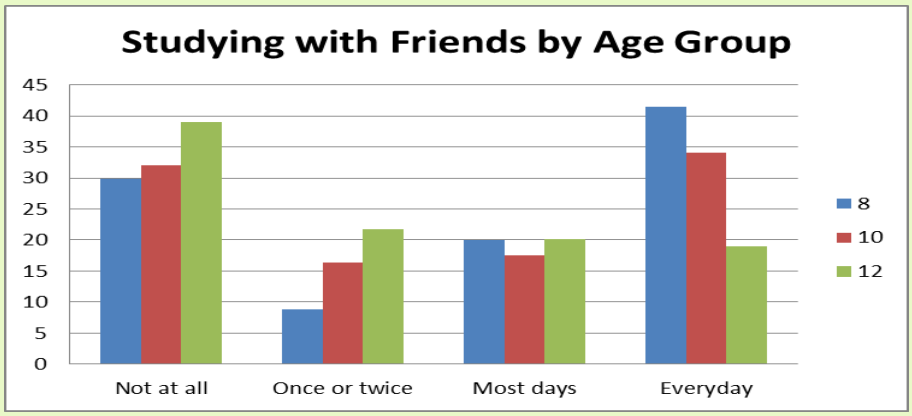


Figure 15: How often do friends meet to study together? (%)

2.5. The area where you live

The children were asked about the area they live in. As can be seen in table 13, younger children seemed to be more satisfied with the places to play or have a good time in their area, with 12-year olds being the least satisfied. Similarly, the 12-year olds felt the least safe when walking in the area in which they live.

Table 13: Satisfaction with the area you live in

	8 years			10 years			12 years		
	N	Mean	Sd	N	Mean	sd	N	Mean	sd
In my area there are enough places to play or to have a good time	992	3.01	1.45	1060	2.79	1.47	1121	2.47	1.54
I feel safe when I walk in the area I live in	992	2.48	1.65	1060	2.18	1.60	1126	1.98	1.60

The 12-year old participants were asked whether the town council asks their opinion about important issues. The low mean indicates that children felt their opinion was not taken into consideration.

Table 14: Satisfaction with the town council (12-year old)

	N	$\bar{x}$	sd
The town council asks children and young people their opinion about things that are important to them	1092	1.91	1.54

Children across all age groups were satisfied with the way they are treated by doctors. Children were satisfied with the area they live in, and they were moderately satisfied with the outdoor areas they can use.

Table 15: Satisfaction with the doctor, outdoor areas, and the area you live in

	8			10			12		
	N	Mean	sd	N	Mean	sd	N	Mean	sd
How you are dealt with at the doctors	996	3.19	1.28	1061	8.37	2.82	1131	8.71	2.52
The outdoor areas children can use in your area	996	2.89	1.45	1061	6.85	3.76	1131	6.77	3.65
The area you live in general	996	3.34	1.16	1061	8.02	3.16	1131	7.53	3.24

* For the 8-year olds each item was scored on a five-point emoticon scale ranging from 0-4. Mean scores closer to 4 show high agreement with the item. The 10 and 12-year olds were scored on a 10-point scale with mean scores closer to 10 showing high agreement with the item.

The 12-year olds were asked to indicate their level of satisfaction with the police in their area. Table 16 indicates a mean score of 6.44 (sd = 3.73).

Table 16: Satisfaction with the local police in your area (12-year old)

	N	Mean	sd
The local police in your area	1131	6.44	3.73

2.6. School

The children were asked about how much they agree with various aspects of school. There appears to be a trend across the age groups – younger children seem to be happy in all aspects, with a decrease in satisfaction with age (Table 17).

Table 17: How much you agree with various aspects of school

	8			10			12		
	N	Mean	sd	N	Mean	sd	N	Mean	sd
My teachers listen to me and take what I say into account	980	3.21	1.23	1061	3.09	1.19	1124	3.03	1.13
I like going to school	994	3.45	1.10	1061	3.14	1.19	1129	3.03	1.26
My teachers treat me fairly	991	3.07	1.40	1061	2.93	1.30	1118	2.89	1.30
I feel safe at school	995	3.44	1.10	1061	3.28	1.40	1123	3.12	1.30

* The items were scored on a five-point scale ranging from 0-4, with 0 indicating "I do not agree" and 4 indicating "Totally agree". Mean scores closer to 4 show high agreement with the item.

Children were asked about the frequency with which they were hit at school and how often they felt they were left out. Although a large proportion of children were never hit, there are concerning indications of children being hit 'once' and 'more than three times' (Figure 16).

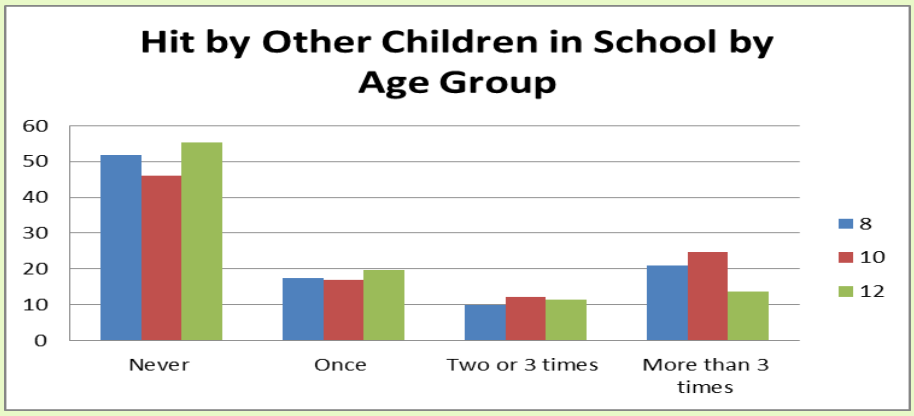


Figure 16: How often: Hit by other children in your school in the last month (%)

Most children *never* felt *left out* by other children in their class. Twenty percent of 10-year olds felt *left out* more than three times.

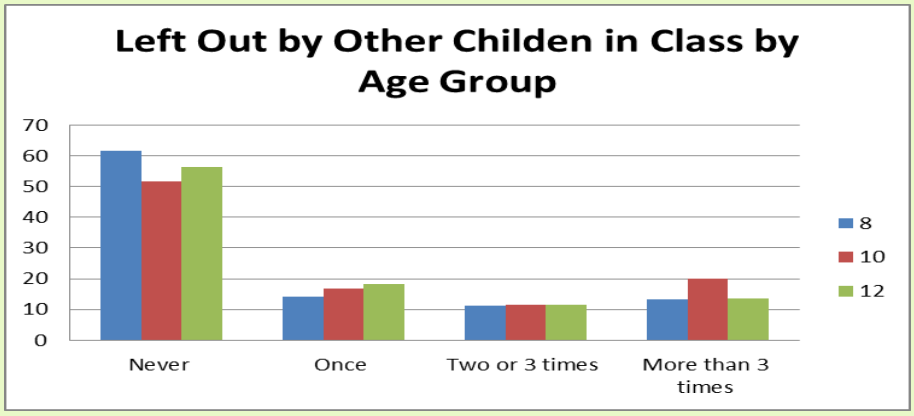


Figure 17: Left out by other children in your class in the last month (%)

Children were asked about different aspects of their school experience. Table 18 indicates high satisfaction across all aspects of their school experience.

Table 18: Satisfaction with various aspects of school

	8			10			12		
	N	Mean	sd	N	Mean	sd	N	Mean	sd
Other children in your class	996	3.30	1.14	1061	7.92	2.80	1131	7.50	2.78
Your school marks	996	3.41	1.70	1061	8.80	2.30	1131	7.85	2.70
Your school experience	996	3.41	1.04	1061	8.59	2.34	1061	8.59	2.34
Your life as a student	-	-	-	1061	8.76	2.32	1131	8.77	2.14
Things you have learned	-	-	-	1061	9.01	2.12	1131	8.72	2.17
Your relationship with teachers	996	3.40	1.10	1061	8.43	2.80	1131	9.08	1.81

*For the 8-year olds each item was scored on a five-point emoticon scale ranging from 0-4. Mean scores closer to 4 show high agreement with the item. The 10 and 12-year olds were scored on a 10-point scale with mean scores closer to 10 showing high agreement with the item.

2.7. How you use your time

Children were asked about their satisfaction with their time use. They reported relatively high levels of satisfaction with how they use their time, and what they do in their free time (Table 19).

Table 19: Satisfaction with time use

	8			10			12		
	N	Mean	sd	N	Mean	sd	N	Mean	sd
How you use your time	-	-	-	1061	8.66	2.36	1131	8.05	2.54
What you do in your free time	996	3.43	1.10	1061	8.84	2.13	1131	8.58	2.22

A set of questions were asked regarding participant's use of time, as indicated in Table 20 below. Children across all age groups spent most of their time doing homework, watching television, and helping with housework.

Table 20: Time use

	Rarely or Never			Less than once a Week			Once or Twice a week			Every day or Almost everyday		
	8	10	12	8	10	12	8	10	12	8	10	12
Taking classes outside school time	21.8	17.0	22.1	15.9	12.9	11.2	37.4	33.8	32.5	24.9	36.3	34.2
Taking part in organised leisure activities	-	-	29.2	-	-	12.0	-	-	29.5	-	-	29.3
Reading for fun	6.2	15.2	16.0	10.5	9.9	11.6	27.8	23.0	28.1	55.5	51.8	44.3
Helping with housework	4.9	6.1	5.0	8.6	9.8	7.8	26.0	23.4	24.0	60.6	60.8	63.2
Doing homework	4.0	4.5	3.4	3.5	8.2	4.4	19.1	18.7	13.0	73.3	68.6	79.3
Watching TV/ music	4.8	4.4	3.7	6.8	6.4	7.4	25.1	19.4	17.3	63.3	69.8	71.6
Playing sports or doing exercise	7.4	6.9	9.8	11.0	8.3	10.3	28.1	19.7	28.5	53.5	65.1	51.4
Using a computer	26.4	23.3	24.5	13.7	11.4	14.1	22.6	21.3	25.8	37.4	44.0	35.6
Just being by myself	-	-	15.6	-	-	13.1	-	-	24.2	-	-	47.1
Taking care of brothers/sisters or other family members	-	-	16.9	-	-	9.9	-	-	17.7	-	-	55.5

There were six questions asking children more about themselves (Table 21). The highest level of satisfaction for 10 and 12-year old children was for the item *Your own body*. For 8-year old participants, the highest satisfaction was for *How you are listened to by adults*. The lowest satisfaction for 8-year olds was with *Your own body*; for the 10-year olds was *Your self-confidence*; and for the 12-year olds was with *The freedom you have*.

Table 21: More about you

	8			10			12		
	N	Mean	sd	N	Mean	sd	N	Mean	Sd
The freedom you have	996	3.49	1.02	1061	8.33	2.71	1131	8.08	2.67
The amount of opportunities you have	-	-	-	-	-	-	1131	8.37	2.40
The way that you look	-	-	-	1061	8.69	2.47	1131	8.68	2.32
Your own body	996	3.46	1.10	1061	8.95	2.19	1131	8.79	2.27
How you are listened to by adults in general	996	3.62	1.00	1061	8.33	2.61	1131	8.16	2.60
Your self-confidence	996	3.54	1.00	1061	8.28	2.74	1131	8.55	2.24

* For the 8-year olds each item was scored on a five-point emoticon scale ranging from 0-4. Mean scores closer to 4 show high agreement with the item. The 10 and 12-year olds were scored on a 10-point scale with mean scores closer to 10 showing high agreement with the item.

Participants were asked four questions regarding changes in their living circumstances in the past year (Table 22). Twelve-year old participants were more likely to have moved house (29.6 %), changed areas (23.2%), schools (23.2 %) or lived in another country for more than month (14.1%).

Table 22: Things you have done in the past year (%)

		10	12
Have you moved house?	**No**	64.6	70.4
	Yes	35.4	29.6
Have you changed local area?	**No**	69.0	76.8
	Yes	31.0	23.2
Have you changed schools?	**No**	73.9	76.8
	Yes	26.1	23.2
Have you lived in another country for more than a month?	**No**	81.2	85.9
	Yes	18.8	14.1

The participants were asked whether they experienced any changes in their living circumstances with parents or carers one year ago (Table 23). The majority indicated that their living circumstances had not changed in the past year.

Table 23: Living with the same parents or carers one year ago (%)

	10	12
No	17.1	14.3
Yes	82.9	85.7

2.8 Your life and your future

The participants were asked three questions about their rights. The results indicated that many children in the older age groups knew about children's rights. Furthermore, older participants were more likely to know about the children's rights convention than younger participants. All age groups thought that adults respected children's rights. There was a high percentage of 8-year olds that did not think that adults respect children's rights.

Table 24: Children's rights (%)

		8	10	12
I know what rights children have	**No**	55.0	17.9	5.2
	Not sure	23.6	38.0	30.8
	Yes	21.4	44.1	63.9
I know about the children's rights convention	**No**	62.3	31.8	22.7
	Not sure	24.5	42.6	42.3
	Yes	13.3	25.6	35.0
I think in my country adults in general respect children's rights	**No**	32.2	15.4	23.9
	Not sure	25.8	39.7	33.3
	Yes	42.0	44.9	42.8

The 10 and 12-year old participants were asked about their satisfaction with their preparation for the future. Results indicated that they were very satisfied with planning for the future (Table 25).

Table 25: Satisfaction with preparation for the future

	10			12		
	N	Mean	sd	N	Mean	sd
Satisfaction with your preparation for the future	1061	8.69	2.37	1131	8.68	2.28

Children were asked to rate various aspects about themselves that they would like people to appreciate about them as an adult. The aspects which the 10-year olds felt were most important were their friendliness, their family, and their kindness; while for the 12-year olds it was for their kindness, personality, and family.

Table 26: Things you would you like other people to appreciate about you

	10			12		
	N	Mean	sd	N	Mean	sd
Your friendliness	1061	9.18	2.08	1131	8.79	2.42
Your relationships with people	1061	8.98	2.15	1131	8.76	2.26
Your money	1061	6.44	3.97	1131	6.22	4.01
Your power	1061	7.79	3.32	1131	7.03	3.73
Your family	1061	9.16	2.12	1131	8.83	2.52
Your personality	1061	9.03	2.11	1131	9.05	2.12
Your kindness	1061	9.16	1.92	1131	9.22	1.74
Your image	1061	9.06	2.09	1131	8.78	2.40

The 12-year olds were asked several questions about their perceptions of themselves. The results show that they like being the way they are, did not feel lonely, and felt positive about the future.

Table 27: About you (12-year old)

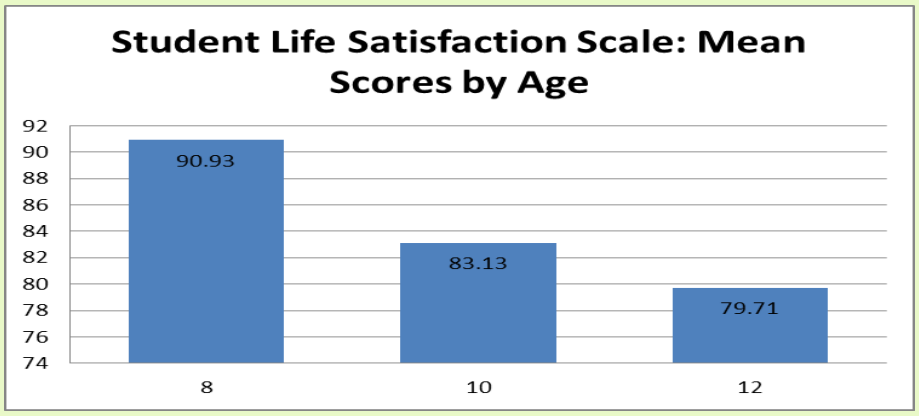
	N	Mean	sd
I like being the way I am	1131	8.77	2.41
I am good at managing my daily responsibilities	1131	8.33	2.46
People are generally pretty friendly towards me	1131	7.91	2.71
I have enough choice about how I spend my time	1131	8.24	2.64
I feel that I am learning a lot at the moment	1131	8.56	2.41
I feel like I know where my life is going	1131	8.08	2.79
I feel lonely	1131	4.15	4.08
I feel positive about my future	1131	8.68	2.49

2.9. Overall subjective well-being

The instruments comprised six internationally validated scales that assess subjective well-being. To assist with comparison, the scales have been transformed into 100 point scoring scales. For more detailed information about the scales see the Methods section in the General Introduction on page 2

Student Life Satisfaction Scale (SLSS)

A modified version of SLSS was used. The Scale is based on five statements about overall life satisfaction and children were asked to indicate how much they agree with each statement. The highest scores for the SLSS was for the 8 year olds, with scores decreasing with age.



For the 8 year-old group the scale was scored on 5 points and for the older two groups, on 11-points ranging from 'do not agree' to 'totally agree'. All scores were then transformed to a 0-100 scale.

Figure 18: SLSS Mean scores

The Brief Multidimensional Student Life Satisfaction Scale (BMSLSS)

The Brief Multidimensional Student Life Satisfaction Scale consists of five domains – family life, friends, school experience, local area and body. In general, considering the means scores of the scale for the different age groups, the 10 and 12-year old children scored relatively high, while the 8-year old children presented with a lower level of domain specific life satisfaction.

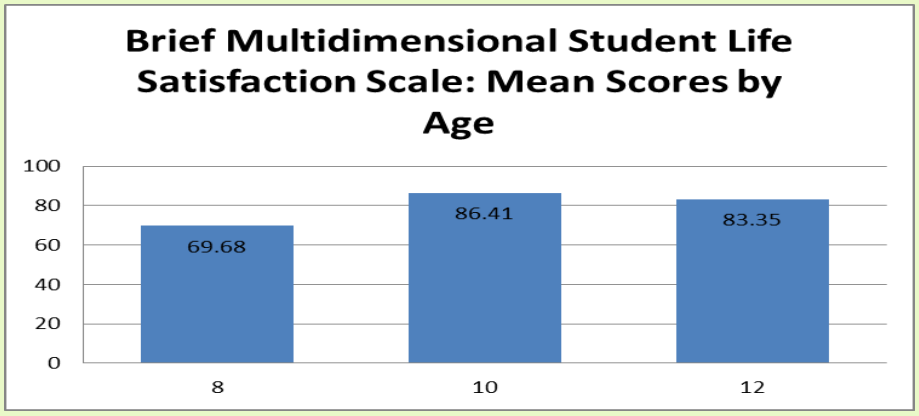


Figure 19: The Brief Multidimensional Student Life Satisfaction Scale Item means

The Personal Well-Being Index-School Children

The Personal Well-Being Index-School Children (PWI-SC7) evaluates life satisfaction across seven domains. An adapted PWI-SC9 with two more additional items related to time use and life as a

student was further administered to 10 and 12 years old children. The mean scores for both versions are presented below. The results show a general trend towards high satisfaction across the domains.

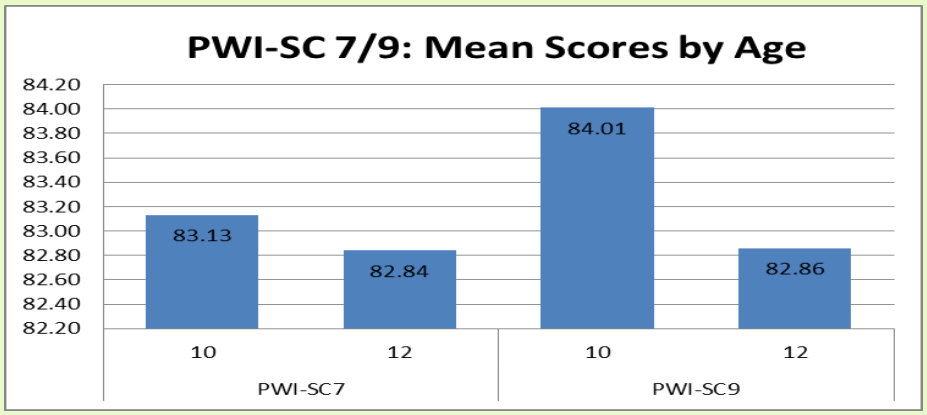


Figure 20: Personal Well-Being Index-School Children scale means

Overall life satisfaction (OLS)

A single item scale assessing Overall Life Satisfaction (OLS) was also included, "How satisfied are you with your life as a whole?" The results, presented in Figure 21 indicate high levels of overall satisfaction.

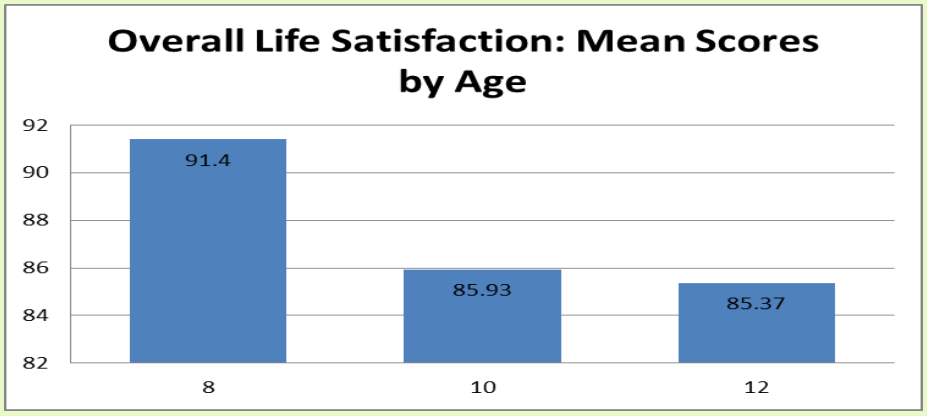


Figure 21: Overall Life Satisfaction Scale Item mean

Positive affect

The 10 and 12-year old participants were asked questions about positive affect, with high scores being achieved as reflected in Figure 22.

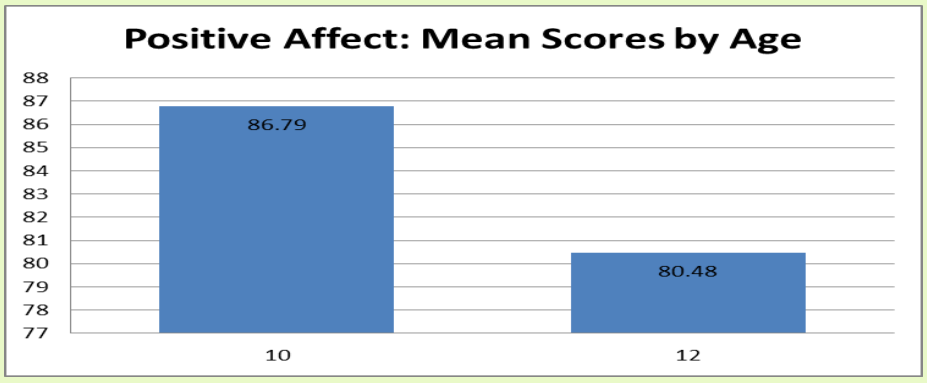


Figure 22: Positive Affect

Happiness in the last 2 weeks

Similar to the trend in the previous life satisfaction measures, the 10 and 12-year old children were asked about their happiness in the last two weeks. High scores were achieved for both age groups.

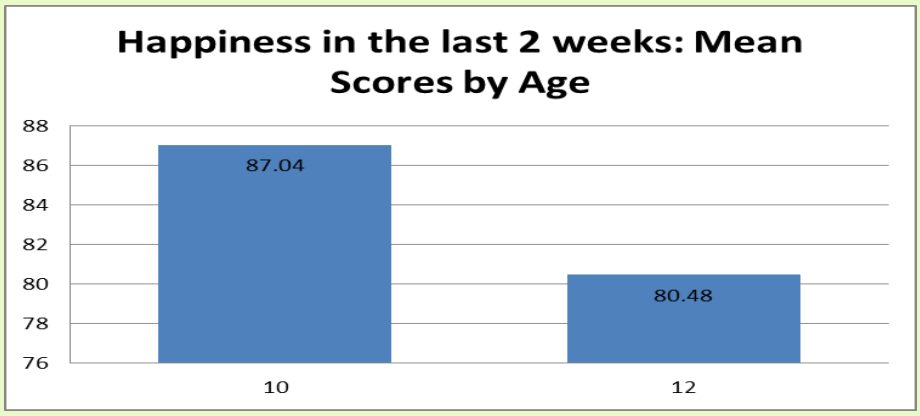


Figure 23: Happiness in the last 2 weeks

2.10 National question

Table 28 summarises how the participants felt about their present period compared to their past. It was found that the 12-year old participants felt fairly good about their lives.

Table 28: Comparison between present and past (12 year-old)

	N	Mean	Sd
How you feel about present period compared to past	1131	3.12	2.72

3. Conclusions

3.1 Summary of findings

Your home and the people you live with

In general, the family dynamic plays a significant part in the lives of children. The results showed that a large percentage of 10 and 12-year old children reside with their family. Further evidence indicated that most children across all groups were highly satisfied with the people they live. The 12-year old participants reported that they experienced less fun with family than the 8 and 10-year olds.

Money and things you have

The findings indicated that a large percentage of children do not have access to a computer and internet. Although access to computers are important for school learners, ensuring that children's basic needs are met is more important, especially given the impoverished communities many children reside in. Also, a fairly large percentage of children do not have access to a family car. This, along with poor public transport and infrastructure, places an extra burden on children living in low socio-economic status communities.

Your friends and other people

The results showed that children across all three age groups were satisfied with their friends. They further indicated that they have enough friends.

The area where you live

Older children were more likely to feel unsafe than younger children. Most 12-year old children were not entirely satisfied with the police in their area. This can more broadly be linked to a general dissatisfaction with service delivery and concerns around safety, particularly in more impoverished communities which are characterised by high levels of crime and violence.

School

There was a general trend across 8, 10 and 12- year old children regarding their school experiences, with younger children being happier, and they became less satisfied with school as they got older. A particularly concerning finding was the high percentage of children who reported that they were hit by others in school, indicating a high incidence of bullying and other sorts of violence.

How you use your time

Children across all age groups reported spending a large percentage of their time doing homework, helping with housework and watching television.

Your life and your future

The 10 and 12-year old participants indicated that they were highly satisfied with planning for their future. The characteristics which the 10-year olds felt were most relevant were their friendliness, their family, and their kindness; while 12-year old children felt their kindness, personality, and family were the most important.

Overall subjective well-being

Student Life Satisfaction Scale - The results indicate that children were fairly satisfied with their lives with 8-year old children being the most satisfied in comparison to 10 and 12-year old children. Life satisfaction decreased slightly with age.

The Brief Multidimensional Student Life Satisfaction Scale - The findings suggest that children experienced high levels of satisfaction across all domains (family, friends, school and living environment). While family life, friends and the place that they live in are equally important for 8-year old children, 10 and 12-year olds felt that they were more satisfied with their family life.

The Personal Well-Being Index-School Children - The mean composite scores on the PWI-SC indicate that most 10 and 12 year old children are generally satisfied with the various life domains assessed by the scale namely standard of living, health, achieving in life, relationships, safety, community-connectedness and future security.

Overall Life Satisfaction (OLS) - The findings demonstrate that the children experienced high levels of satisfaction with their life as a whole.

Positive Affect - The findings of the Positive Affect Scale showed high mean scores for the scale items, as well as for the overall scale. While both the 10 and 12-year old participants showed high mean scores, the 10-year scored higher than the 12-year olds.

3.2 Recommendations

The study aimed to determine the subjective well-being of children in the Western Cape region of South Africa. While children in South Africa face countless risks and burdens in their daily lives which affect their overall well-being, it is poignant to note that the results of the study show a general trend towards high levels of subjective well-being. However, these scores are incongruent to objective indicators of well-being, which point to a range of adverse childhood realities. Results from this study should therefore be cautiously interpreted. While the socio-political landscape in South Africa is geared toward improving the lives and well-being of children, findings which suggest high levels of subjective well-being are counterintuitive to this agenda and may create a false sense of achievement, thus negatively affecting the impetus of policy initiatives and service delivery. Furthermore, as these findings do not align to the more objective indicators of well-being, there is a risk that the focus on subjective well-being would be downplayed.

With subjective well-being being in its infancy in South Africa and the subsequent lack of empirical initiatives, plotting a course forward is an extremely difficult task. Cross-cultural adaptation and translation of internationally validated instruments need to be advanced. This is especially relevant given South Africa's diversity of cultures and languages. Further development of subjective well-being indexes, such as Casas, Bello, Gonzalez, and Aligué's (2013) 'General Index of Children's Subjective Well-Being' and Rees, Goswami and Bradshaw's (2010) 'Short Index of Child Well-Being' and its validation in local contexts is recommended. Finally, given the tendency for subjective well-being measures to present with negatively skewed scores, it is recommended that studies aimed at determining subjective well-being include both quantitative and qualitative methodologies. Depth exploration, afforded by qualitative techniques, would allow for deeper access to the meanings associated with subjective well-being and would make for a more comprehensive understanding of subjective well-being and quality of life.

References

Alessi, C. (2013). *South Africa's Economic Fault Lines. Council on Foreign Relations*. Retrieved February 15, 2015, from http://www.cfr.org/south-africa/south-africas-economic-fault-lines/p30727.

Bradshaw, D., Dorrington R. E & Laubscher, R, (2014) *Rapid Mortality Surveillance Report 2012.* Cape Town: Medical Research Council.

Burton, P. & Leoschut, L. (2012). School Violence in South Africa: Results of the 2012 National School Violence Study. Centre for Justice and Crime Prevention.

Casas, F., Bello, A., Gonzalez, M. & Aligué, M. (2013). Children's subjective well-being measured using a composite index: What impacts Spanish first-year secondary education students' subjective well-being? *Child Indicators Research,* DOI 10.1007/s12187-013-9182-x.

Clark, S. J., Collinson, M. A., Kahn, K., Drullinger, K, & Tollman, S. M. (2007). Returning home to die: Circular labour migration and mortality in South Africa. Scandinavian Journal of Public Health, 35(Suppl 69), 35-44.

Department of Basic Education (2011). *Macro Indicator Trends in Schooling: Summary Report 2011*. Pretoria: DBE.

Department of Basic Education (2012). *Education Statistics in South Africa 2010.* Pretoria: DBE.

Department of Basic Education. (2014). *Education Statistics in South Africa 2012.* Pretoria: Department of Basic Education.

Department of Health (2012). *District Health Information System*. In: Bamford L (2013) Maternal, newborn and child health. In: Padarath A & English R (Eds) South African Health Review 2012/13. Durban: Health Systems Trust.

Department of Women, Children and People with Disabilities (2012). *THE UN CONVENTION ON THE RIGHTS OF THE CHILD South Africa's Combined Second, Third and Forth Periodic State Party Report to the Committee on the Rights of the Child (Reporting period: 1998 - June 2012).*

Hall, K. (2014). *Housing and Services – Urban-rural distribution. Retrieved February 15, 2015* from http://www.childrencount.ci.org.za/indicator.php?id=3&indicator=13.

Hall, K., Woolard, I., Lake, L., & Smith, C. (2012). Children and inequality: Closing the gap.

Madhavan, S., & Gross, M. (2013). Kin in Daily Routines: Time Use and Childrearing in Rural South Africa. Journal of Comparative Family Studies, 44(2), 175-191.

Matthews, S. & Benvenuti, P. (2014). Violence against children in South Africa: Developing a prevention agenda. In S. Matthews, L. Jamieson, & C. Smith, South African Child Gauge 2014. Cape Town: Children's Institute, University of Cape Town.

Mathews, S., Jamieson, L., Lake, L., & Smith, C. (2014). *South African Child Gauge.* Cape Town: The Children's Institute, University of Cape Town.

Norman, R., Schneider, M., Bradshaw, D., Jewkes, R., Abrahams, N., Matzopoulos, R., & Vos, T. (2010). Interpersonal violence: An important risk factor for disease and injury in South Africa. Population HealthMetrics, 8(32).

Rees, G., Goswami, H., & Bradshaw, J. (2010). *Developing an index of children's subjective well-being in England.* London: The Children's Society.

Rogan, M. J. (2006). Dilemmas in Learner Transport: An Impact Evaluation of a School Transport Intervention in the Ilembe District, KwaZulu-Natal. Unpublished master's thesis, University of Kwa-Zulu Natal, Durban, South Africa.

Shisana O, Labadarios D, Rehle T, Simbayi L, Zuma K, Dhansay A, Reddy P, Parker W, Hoosain E, Naidoo P, Hongoro C, Mchiza Z, Steyn NP, Dwane N, Makoae M, Maluleke T, Ramlagan S,

Zungu N,Evans MG, Jacobs L, Faber M, & SANHANES-1 Team (2013) *South African National Health and Nutrition Examination Survey (SANHANES-1).* Cape Town: HSRC Press.

Shisana, O, Rehle, T, Simbayi LC, Zuma, K, Jooste, S, Zungu N, Labadarios, D, Onoya, D et al. (2014) *South African National HIV Prevalence, Incidence and Behaviour Survey*, 2012. Cape Town, HSRC Press.

Statistics South Africa. (2011). *National Census 2011*. Pretoria: Statistics South Africa

Statistics South Africa. (2014a). *Mid-year population estimates.* Pretoria: Statistics South Africa

Statistics South Africa. (2014b). *General Household Survey 2013.* Pretoria: Statistics South Africa.

StatsSA. (2015). Quarterly Labour Force Survey – Quarter 4, 2014. Retrieved 19 March, 2015, from http://beta2.statssa.gov.za/publications/P0211/P02114thQuarter2014.pdf

The World Bank. (n.d.a). *South Africa.* Retrieved February 15, 2015, from http://data.worldbank.org/country/south-africa

The World Bank. (n.d.b). *Gini Index.* Retrieved February 15, 2015, from http://data.worldbank.org/indicator/SI.POV.GINI

UNICEF. (2013a). *The State of the World's Children.* New York: UNICEF.

UNICEF. (2013b). *South Africa Annual Report.* Pretoria: UNICEF.

UNICEF. (2014). *The State of the World's Children Report 2015 – Statistical Tables.* Retrieved March 4, 2015, from http://www.data.unicef.org/resources/the-state-of-the-world-s-children-report-2015-statistical-tables

United Nations Development Programme. (2014). *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience.* Retrieved April 21, 2015, from http://hdr.undp.org/en/2014-report/download